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## COMMONWEALTH of VIRGINIA

DONALD R. STERN, M.D., M.P.H.  
ACTING STATE HEALTH COMMISSIONER

SUSAN D. McHENRY  
DIRECTOR-EMS

*Department of Health*  
*Office of Emergency Medical Services*  
July 24, 1995

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Mr. William F. Caton, Secretary  
Federal Communications Commission  
1919 M Street, NW  
Washington, DC 20554

DOCKET FILE COPY ORIGINAL

Re: Petition for Reconsideration  
Report and Order PR Docket 92-235

Dear Mr. Caton:

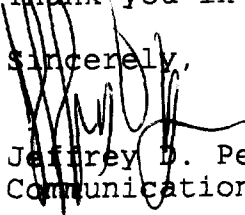
The Report and Order to reform the spectrum and amend the current rules to reflect a new, narrower channel spacing plan has been reviewed by our office. Several minor points will impact emergency medical services. We feel that these issues warrant reconsideration, or at least explanation.

There is a question, and concern over whether action has been reversed on 453/458 MHz frequencies which were previously limited from future use in the Special Emergency Radio Service. Final action on the EMRS matter was taken subsequent to the refarming notice, and it appears that the refarming action may have reversed that action.

As communications engineer for the Virginia Department of Health, Office of Emergency Medical Services, I am committed to ensuring that emergency medical service users continue to enjoy the protection recently provided by the creation of the Emergency Medical Radio Service.

Thank you in advance for your attention to this matter.

Sincerely,

  
Jeffrey D. Pegram  
Communications Engineer

Attachments

No. of Copies rec'd 029  
List A B C D E

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Before the  
FEDERAL COMMUNICATIONS COMMISSION  
Washington, DC 20554

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In the Matter of	)	FCC 95-255
	)	
Replacement of Part 90 by Part 88 to	)	
Revise the Private Land Mobile Radio	)	PR Docket 92-235
Services and Modify the Policies	)	
Governing Them.	)	

PETITION FOR RECONSIDERATION

1.) The Commonwealth of Virginia, Department of Health, Office of Emergency Medical Services desires to petition the Commission to reconsider minor details in their recent Report and Order which will amend Part 90 governing Private Land Mobile Radio Services. The Office of Emergency Medical Services has the statutory authority within the Commonwealth of Virginia to design, implement, and regulate a statewide coordinated emergency medical system<sup>1</sup>. In addition, the Office of EMS is responsible for integrating communications as part of that comprehensive statewide EMS system<sup>2</sup>.

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<sup>1</sup> - Code of Virginia, 1950 as amended, Title 32.1 - Health, Chapter 4 - Health Care Planning, Article 3 - Statewide Emergency Medical Care System, Section 32.1-112(A) which states in part "The Board shall have the authority and responsibility to develop a comprehensive, coordinated emergency medical care system in the Commonwealth and to prepare a Statewide Emergency Medical Services Plan which shall incorporate but not be limited to the plans prepared by the regional emergency medical services councils..."

<sup>2</sup> - Code of Virginia, 1950 as amended, same as 1) above, section 32.1-112(A)(1) which states in part "To establish a comprehensive, statewide emergency care system which will incorporate .... communications ...

BACKGROUND

2.) In Appendix F of the Report and Order, the Commission established new expanded channeling nomenclature for the MED Channels which were not originally proposed. This petition offers alternative channel designators, which will not conflict with the current numbering, and lend themselves to more easily interpreted listings, planning efforts, applications for authorizations and implementation.

3.) In the period following the original "refarming" notice, the Commission took final action to create the Emergency Medical Radio Service<sup>3</sup>. Upon its creation, several channels were reallocated to that new service from the Special Emergency Radio Service. Subsequent to the reallocation, no new Special Emergency assignments were to be made. In the Commission's report and order on refarming, certain frequencies reappeared in the Special Emergency Radio Service listing, including those resulting from the expansion to the narrower bandwidth channels. These frequencies in the 453/458 MHz range were hoped to provide some relief to dispatch and coordination operations, and offer some

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and other components as integral parts of unified systems that will serve to improve the delivery of emergency medical services and thereby decrease high morbidity, hospitalization, disability and mortality."

<sup>3</sup> - Report and Order PR Docket No 91-72.

protection from "non-emergency medical" traffic which the channels would previously have been subjected to. This was one of the key goals in creating the new service.

#### COMMENTS

4.) The channel numbering plan in attachment A would show solid relationships between new assignments and existing users, allow an orderly assignment of the channels<sup>4</sup>, and allow similarly numbered channels to be aggregated for "equivalent efficiencies" as allowed in the new rules<sup>5</sup>. It would also minimize the effect on existing plans where alphabetic characters are already used to denote sites, regions, or subaudible tones. Where manual channel selection is needed, mobile radios that continue to use numeric displays won't be able to directly display channels with an alphabetic designator. Earlier comments did not address a specific channel designation plan, because of the more urgent issue of potential loss of spectrum to possibly incompatible users<sup>6</sup>. The proposed channel designator plan allows a

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<sup>4</sup> - As an example, the channels between the present MED channels 1 and 2 would all end in the digit 1. This would allow them to be arranged into four 10 channel blocks for geographic assignment and use (1-10, 11-20, 21-30, 31-40), or aggregated in metropolitan areas for use in higher capacity systems (1,11,21,31).

<sup>5</sup> - Report and Order PR Docket No. 92-235, at 26

<sup>6</sup> - PR Docket No. 92-235. In appendix D, 88.1501. The original Commission proposal would create 40 channels from the original 10 MED channels, while designating only 20 to EMS use.

migration path and follows the Commission's intent to convert to 6.25 KHz channel spacing in two phases.

5.) In the new frequency listing under 90.53(a), 467.9625 and 467.9875 MHz are shown, but their associated 462 MHz frequencies are not. This is a concern since simplex mobile only systems could affect the input frequency of mobile relay systems which serve a much larger group over wide areas. Also shown in that listing are frequencies in the range of 453/458.0125-453/458.458.1875. The frequencies within that range were clearly removed from the Special Emergency Radio Service frequency tables when the EMRS was created<sup>7</sup>.

6.) Much of the concern extends beyond the use by other Special Emergency Radio Service Eligibles. In the "Refarming" report and order, the Commission did not establish a final plan for consolidating radio services. However, in the original notice, the Commission proposed to place the Special Emergency Radio Service frequencies (and users) into the Non-Commercial Radio Service<sup>8</sup>, further

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The remaining 20 were not designated as MED channels or assignable only for EMS use.

<sup>7</sup> Report and Order, Docket No 91-72, Appendix A.

<sup>8</sup> - PR Docket No. 92-235. In appendix D, 88.1501. The frequencies in this list which are presently in the Special Emergency Radio Service, were proposed to become designated

opening eligibility to other incompatible user groups. If the final plans for the establishment of a limited number of radio services follows that path, these UHF frequencies will not be able to provide relief and protection from incompatible non-emergency users as originally intended.

7.) The consolidated frequency listing of 90.555 has been eliminated. Its elimination has obscured the reallocation of existing and new frequencies in this action. There are potentially other similar frequencies which have been allocated for shared use. Whether section 90.555 is added or not, these changes should be clearly and explicitly stated so that the user groups may see the impact of the changes.

#### CONCLUSION

8.) The petitioner respectfully requests that the Commission reconsider its earlier decision, and implement a channel designation plan similar to the one provided here. Alternatively, the Commission could allow the EMS Community, through its recognized frequency coordinator, and other groups such as the National Association of State Emergency Medical Service Directors to develop a consensus plan for new MED channel designators.

9.) Furthermore, the petitioner requests that the Commission review its action where the 453/458 MHz frequencies<sup>9</sup> which were previously removed from the Special Emergency Radio Service (during interim actions under another docket), were re-allocated to that service. Hopefully, this was a clerical error. Alternatively, we hope that in the final radio service consolidation plan<sup>10</sup>, the frequencies within this bandwidth be allocated to the service which encompasses emergency medical service providers to minimize the chance for incompatible use.

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<sup>9</sup> - The original frequencies were 453.025, 453.075, 453.125, and 453.175 MHz. Four channels will eventually be created from each of these, for a total of 16.

<sup>10</sup> - Report and Order PR Docket No. 92-235 at 52

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Attachment A

**PROPOSED MED CHANNEL NOMENCLATURE**

(Only Base Station Frequencies Shown- Mobiles +5 MHz)

MED	(Present)	(Phase I)	(Phase II)
---	-----	-----	-----
9	462.950	----->	
29			462.95625
19		462.9625	----->
39			462.96875
10	462.975	----->	
30			462.98125
20		462.9875	----->
40			462.99375
1	463.000	----->	
21			463.00625
11		463.0125	----->
31			463.01875
2	463.025	----->	
22			463.03125
12		463.0375	----->
32			463.04375
3	463.050	----->	
23			463.05625
13		463.0625	----->
33			463.06875
4	463.075	----->	
24			463.08125
14		463.0875	----->
34			463.09375
5	463.100	----->	
25			463.10625
15		463.1125	----->
35			463.11875
6	463.125	----->	
26			463.13125
16		463.1375	----->
36			463.14375
7	463.150	----->	
27			463.15625
17		463.1625	----->
37			463.16875
8	463.175	----->	
28			463.18125
18		463.1875	----->
38			463.19375

Maintains existing MED channel numbering/frequency correspondence

Doesn't require alpha designators

Allows channel numbering/expansion according to Commission intention